

Revocable License Number _____

APPLICATION FOR REVOCABLE LICENSE

PLEASE PRINT

NOTE: Your application cannot be processed without complete information. Provide all information that pertains to your work or activity within Sonoma County Water Agency (Agency) properties. Processing of this application will not begin until all required information as defined in these instructions and application is accepted as complete by the Agency. FAXED APPLICATIONS WILL BE ACCEPTED, HOWEVER, THE ORIGINAL SIGNED APPLICATION MUST BE ON FILE BEFORE THE LICENSE CAN BE ISSUED.

APPLICATION DATE			
JOB ADDRESS / LOCATION (Be	e specific - reference cross street,	project name, or landmarks.)	
Assessor Parcel Number(s)			
Additional Description			
APPLICANT NAME			
Contact Person	C	ontractor License No	
Address			
City/Zip			
Telephone	Fax	Cellular	
Subcontractor	Contact Name	Telephone	
Subcontractor	Contact Name	Telephone	

Application for Revocable License - Continued

PURI	POSE OF LICENSE (Fully describe proposed	activity on Agency propertie	es. Attach two sets of final	drawings.)
REQ	UESTED START DATE(Start date and completion date f			
SIGN	GNATURE (Print Name and Title)			
	is only an application and does not auth a Revocable License is issued and signe			properties
	 :	For Agency Use Only		
		Date:	Ву:	
	Signed application received			
	Two sets final drawings			
	Insurance documents complete			
	Preliminary Title Report			
Annli	cation Accepted as Complete by		Date	
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